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Complete and send this form, together with applicable fee(s), to: Mai				Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450			
	1	الم الم	or <u>Fax</u>	(703) 746-4000			
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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying			
7590 12/10/2004				Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
AGILENT TECHNOLOGIES, INC. Legal Department, DL429 Intellectual Property Administration				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.			
P.O. Box 7599 Loveland, CO 80537-0599					Hebert	(Depositor's name)	
Loyeland CO 80537-0599 02/15/2005 JBALINA2 00000013 501078 10602339				L	A Hebert	(Signature)	
01 FC:1501 1400.00 DA 02 FC:1504 300.00 DA					2/8105	(Date)	
APPLICATION NO.	FILING DATE	FIRST NAMED INVE		NTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/602,339	06/24/2003	Cherif Ahrikench		eikh	10030548-1	1823	
TITLE OF INVENTION: OPTIMIZED PIN ASSIGNMENT WITH CONSTRAINTS							
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APPLN. TYPE	SMALL ENTITY	ISSUE F	EE P	UBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400		\$300	\$1700	03/10/2005	
EXAMINER		ART UNIT		CLASS-SUBCLASS]		
NGUYEN, TUNG X		2829		324-158100	_		
1. Change of correspondenc CFR 1.363). Change of correspond Address form PTO/SB/1	Correspondence	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to					
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Agilent Technologies, Inc. Palo Alto, CA USA							
Please check the appropriate assignee category or categories (will not be printed on the patent):							
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s):							
Issue Fee	mall antity discount permitte	ad)	nount of the fee(s) is enclosed. it card. Form PTO-2038 is attached.				
· · · · · · · · · · · · · · · · · · ·				_	hereby authorized by charge the required fee(s), or credit any overpayment, to mber 50-1078 (enclose an extra copy of this form).		
5. Change in Entity Status	(from status indicated above	•					
☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).							
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Authorized Signature				Date			
Typed or printed name _	Cynthia S. Mi	tchell	Registration No36,081				
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